

TITLE IV-E OUT-OF-HOME CARE DETERMINATION

Use of form: Completion of this form is mandatory under Title IV-E of the Federal Social Security Act and Wisconsin Statutes, Chapters 48 and 49. The Social Security Number (SSN) is required to process Title IV-E determinations and will be used for that purpose only. Failure to complete requested information may result in invalid determinations. Refer to the Title IV-E Eligibility and Reimbursability Policy Manual if there are questions about specific IV-E criteria.

Name - Child's Legal (Last, First, Middle Initial, Suffix)	Case Number	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Social Security Number (If none, SS-5 must be completed.)	Birthdate (mm/dd/yyyy)	

Yes **No**

- ☐ ☐ 1. Is this child under age 18, or under the age of 19 and enrolled full-time in secondary school (or equivalent) and expected to graduate before reaching age 19?
If "**Yes**" proceed to question 2.
If "**No**" this child is not IV-E eligible. Proceed to question 15.
- ☐ ☐ 2. Does this child meet citizenship or legal alien status requirements for IV-E eligibility?
If "**Yes**" proceed to question 3.
If "**No**" this child is not IV-E eligible. Proceed to question 15.
- ☐ ☐ 3. Was the child removed from the home via a court order?
If "**Yes**" provide the petition date (eligibility month and year) _____ and the date of the initial
(mm/yyyy)
court order authorizing this child's removal, _____. Proceed to question 4.
(mm/dd/yyyy)
If "**No**" proceed to question 6.
- ☐ ☐ 4. Does the initial court order authorizing this child's removal contain a judicial finding stating that continuation in the home is contrary to the welfare of this child?
If "**Yes**" proceed to question 5.
If "**No**" this child is not IV-E eligible. Proceed to question 15.
- ☐ ☐ 5. If this child was removed from home via a court order was there a judicial finding contained in a court order within 60 days after this child's removal date meeting the "reasonable efforts to prevent removal" requirement?
If "**Yes**" provide court order date: _____. Proceed to question 7.
(mm/dd/yyyy)
If "**No**" this child is not IV-E eligible and cannot be IV-E eligible for the entire custody episode. Proceed to question 15.
- ☐ ☐ 6. Was the child removed from the home via a Voluntary Placement Agreement (VPA) signed by both the agency and parent / legal guardian?
If "**Yes**" provide the date of the signed VPA (eligibility month): _____.
Proceed to question 7. (mm/dd/yyyy)
If "**No**" this child is not IV-E eligible. Proceed to question 15.

Yes No

- ☐ ☐ 7. Was this child removed from the home within six months prior to or within six months after the eligibility month?

If "Yes" indicate the type of removal.

☐ Physical removal

☐ Constructive removal (If constructive, use date of initial order authorizing removal as removal date.)

Provide the date of removal: _____. Proceed to question 8.
(mm/dd/yyyy)

If "**No**" this child is not IV-E eligible. Proceed to question 15.

- ☐ ☐ 8. Was this child living with a specified relative during the eligibility month or within six months prior to the eligibility month? (Consider the most recent specified relative with which this child lived.)

If "**Yes**" provide the name of relative (this is the removal home):

_____. What is the relative's relationship
to this child? _____.

Proceed to question 9.

If "**No**" this child is not IV-E eligible. Proceed to question 15.

- ☐ ☐ 9. In the eligibility month, did this child receive AFDC-MA (denoted in CARES as MA-R, MA-U, ADC-R or ADC-U or denoted in EDS as Med. Stat. 31, 32, 65, 79, UH, UR, WH, WN, or WU) or was this child AFDC Related Categorically Needy (denoted in CARES as MAO-R or MAO-U, or denoted in EDS as Med. Stat. 38, 80, 95, A3, A5, M1, or UA)?

If "**Yes**" provide name of person receiving AFDC-MA benefits:

case number _____; and county _____.

Proceed to question 13.

If "**No**" proceed to question 10.

- ☐ ☐ 10. Complete form CFS-205. Did this child meet the income limits for AFDC relatedness in the eligibility month?

After completing form CFS-205, if D., question 2 is "**Yes**" proceed to question 11.

If "**No**" this child is not IV-E eligible. Proceed to question 15.

- ☐ ☐ 11. Complete form CFS-205. Were this child's countable assets less than \$10,000 in the eligibility month?

After completing form CFS-205, if D., question 1 is "**Yes**" proceed to question 12.

If "**No**" this child is not IV-E eligible. Proceed to question 15.

- ☐ ☐ 12. Does deprivation of at least one parent (biological or adoptive) exist in the removal home during the eligibility month?

If "**Yes**" proceed to question 13.

If "**No**" this child is not IV-E eligible. Proceed to question 15.

Initial IV-E Reimbursability Determination

- ☐ ☐ 13. Since removal from home has this child been in a IV-E reimbursable placement? Any months in which this child was placed in a IV-E reimbursable facility can be IV-E reimbursable if all other IV-E eligibility criteria are met. Proceed to question 14.

Yes **No**

- ☐ ☐ 14. Is this child in receipt of SSI benefits?

If "**Yes**" the worker will need to determine if this child's SSI should be suspended or whether the worker should maintain this child's SSI. Any month in which this child is not in receipt of SSI and meets all other IV-E eligibility and reimbursability requirements, the placement may be IV-E reimbursable. Proceed to question 15.

Initial IV-E Determination Finding

15. This child is:

- ☐ Not IV-E eligible. Provide reason: _____.
- ☐ IV-E eligible. IV-E eligibility start date is: _____.
- (mm/dd/yyyy)

16. This child is:

- ☐ Not IV-E reimbursable.
Provide reason: _____.
- ☐ IV-E reimbursable. IV-E reimbursability start date is: _____.
- (mm/dd/yyyy)

Reminder: Be sure to enter correct IV-E eligibility determination into the appropriate computer system, HSRS or WiSACWIS.

SIGNATURE - State / County Authorization

Date Signed
(mm/dd/yyyy)

☐ County ☐ DHFS ☐ DJC